

a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number 2. Date filed.....

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003

of the Condition and Affairs of the

Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance **Company of America)**

NAIC Group Code 876, 876 (Current Period) (Prior Per	· · · · · · · · · · · · · · · · · · ·							
Organized under the Laws of Arkansas Licensed as Business Type	State	of Domicile or Port of Entry Arkansas	Country of Domicile US					
Is HMO Federally Qualified? Yes [] No	p[]							
Date Incorporated or Organized July 2	0, 1925	Da	ate Commenced Business August 8, 1925					
Statutory Home Office	3501 Frontage Road (Street and Number)	d, Suite 300 Tampa FL 33607 (City or Town, State and Zip Code)	,					
Main Administrative Office		d, Suite 300 Tampa FL 33607						
Mail Address	(Street and Number) 3501 Frontage Road (Street and Number or P	(City or Town, State and Zip Code) d, Suite 300 Tampa FL 33607 C. O. Box) (City or Town, State and Zip Code)						
Primary Location of Books and Records		d, Suite 300 Tampa FL 33607 (City or Town, State and Zip Code)						
Internet Website Address	www.imerica.com							
Statutory Statement Contact	Matthew Robert Ca (Name) mcassell@imerica.c (E-Mail Address)		813-286-7533 (Area Code) (Telephone Number) (Extension) 813-287-1371 (Fax Number)					
Policyowner Relations Contact			(a. names)					
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number) (Extension)					
		OFFICERS						
President Michael Ashker	Trea	asurer Matthew Robert Cassell	Secretary Michael Griffin Hankinson					
	,	VICE PRESIDENTS						
John Robert Cramer Le	eanne Kathy Jansen	Harvey Pollack	Jennifer Watson Seitz					
Michael Asker Je	DIRE effery William Bak	CTORS OR TRUSTEES Jeffrey Ryan Crisan	James Nahirny					
State of County of								
reporting period stated above, all of the he claims thereon, except as herein stated, a or referred to, is a full and true statement period stated above, and of its income and Statement Instructions and Accounting Pr	erein described assets nd that this statement of all the assets and lid d deductions therefron actices and Procedure	were the absolute property of the said re, together with related exhibits, schedules abilities and of the condition and affairs of a for the period ended, and have been coles manual except to the extent that: (1) si	ficers of said reporting entity, and that on the porting entity, free and clear from any liens or and explanations therein contained, annexed the said reporting entity as of the reporting empleted in accordance with the NAIC Annual tate law may differ; or, (2) that state rules or to the best of their information, knowledge and					
Signature		Signature	Signature					
Michael Ashker		Michael Griffin Hankinson	Matthew Robert Cassell					
(Printed Name)		(Printed Name)	(Printed Name)					
Subscribed and sworn to before me this								

3. Number of pages attached.....

Ex. 3 NONE

Ex. 4 NONE

Ex. 5 NONE

Ex. 6 NONE

Ex. 7 NONE

Ex. 8-Pt.1 NONE

Ex. 8-Pt.2 NONE

> Ex. 9 NONE

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company C	ode63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter													
5. Current year													
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician					N(DNE							
8. Non-physician			0										
Totals Hospital patient days incurred						0	0	0	0	0	0	0	
Number of inpatient admissions													
12. Health premiums collected													
13. Life premiums direct													
14. Property/casualty premiums written													
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services													
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company C	ode63533			
	1	Comprehensive (Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician					NO	DNE							
8. Non-physician					1 4 6								
9. Totals				0	0	0	0	0	0	0	0	0	(
10. Hospital patient days incurred													
11. Number of inpatient admissions													
12. Health premiums collected													
13. Life premiums direct													
14. Property/casualty premiums written													
15. Health premiums earned													
16. Property/casualty premiums earned													
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company (Code63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DN							
8. Non-physician	0				147								
9. Totals	0	0	0	0	0		0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code876									NAIC Company (ode63533			
	1	Comprehensive (I	Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
Second quarter													
4. Third quarter													
5. Current year	0												
Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician					NIC	DNE							
8. Non-physician	0				11/	JIVE							
9. Totals		0	0	0	0	0	0	0	0	0	0	0	0
Hospital patient days incurred	0												
11. Number of inpatient admissions													
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written													
15. Health premiums earned													
16. Property/casualty premiums earned													
Amount paid for provision of health care services	0												
Amount incurred for provision of health care services													
To. Amount incurred for provision of fleatin care services						<u> </u>					I		

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company C	Code63533			
	1		Hospital & Medical)	4	5	6	7	8	9 1	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
otal Members at end of:													
1. Prior year	0)											
2. First quarter	0)											
3. Second quarter	0)											
1. Third quarter)											
5. Current year	0)											
6. Current year member months	0)											
tal Member Ambulatory Encounters for Year:						L							
. Physician)			NO	DNE							
3. Non-physician	0												
). Totals			0	0	0	0	0	0	0	0	0	0	
). Hospital patient days incurred													
Number of inpatient admissions													
2. Health premiums collected													
3. Life premiums direct													
Property/casualty premiums written													
5. Health premiums earned													
6. Property/casualty premiums earned)											
17. Amount paid for provision of health care services													
8. Amount incurred for provision of health care services		J					.						

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company C	Code63533			
	1	Comprehensive (Hospital & Medical)	4 Medicare	5 Vision	6 Dental	7 Federal Employees Health	8 Title XVIII	9 Title XIX	10 Stop	11 Disability	12 Long-Term	13
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNE							
8. Non-physician	0				14/	JIYL							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services													
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company	Code63533			
	1	Comprehensive (Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year		0											
2. First quarter		0											
3. Second quarter		0											
4. Third quarter		0											
5. Current year		0											
6. Current year member months		0											
Total Member Ambulatory Encounters for Year:													
7. Physician		0				INC							
7. Physician		0			147	JINI							
9. Totals		0	0	0	0		00	0	0	0	0	0	
10. Hospital patient days incurred		0											
11. Number of inpatient admissions		0											
12. Health premiums collected		0											
13. Life premiums direct		0											
14. Property/casualty premiums written		0											
15. Health premiums earned		0											
16. Property/casualty premiums earned		0											
Amount paid for provision of health care services		0											
Amount incurred for provision of health care services		0											

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

35.DE

NAIC Group Code876									NAIC Company C	ode63533			
	1	Comprehensive (h	Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNE							
8. Non-physician	0				146	JINL							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code876									NAIC Company (ode63533			
	1	Comprehensive (h	Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0				NIC	DNE							
8. Non-physician	0				IYL	JIYL							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0		<u></u>							<u></u>			

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Company Code.....63533

						_				INAIC COITIPATTY			10	10
		1		Hospital & Medical)	4	5	6	_ /	8	9	10	11	12	13
			2	3				Federal						
					Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	· ·	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
						- /								
Total Ma	embers at end of:													
1 Otal Wi	embers at end of.													
4 5		•												
1. P	rior year	0												
2. F	irst quarter	0												
3. S	econd quarter	0												
		•												
и т	hird quarter	0												
4. 1	illu qualtei	0												
_														
5. C	urrent year	0												
6. C	urrent year member months	0												
<u> </u>	·													
Total M	ember Ambulatory Encounters for Year:													
1 Otal Wi	ember Ambulatory Encounters for real.													
7 5	hysician	0												
7. P	nysician	0					DNE							
						IVL	JINI							
8. N	on-physician	0												
9. T	otals	0	0	0	0	0	0	0	0	0	0	0	0	0
		•							•			•	•	
10 H	ospital patient days incurred	0												
10. 11	ospital patient days incurred													
11. N	umber of inpatient admissions	0												
12. H	ealth premiums collected	0												
	·													
13 L	fe premiums direct	0												
10. L	no promitanto direct		•••••											
14 D	roperty/casualty premiums written	0												
14. P	roperty/casualty premiums written	0												
15. H	ealth premiums earned	0												
16. P	roperty/casualty premiums earned	0												
	, , , , , , , , , , , , , , , , , , , ,													
17 Δ	mount paid for provision of health care services	n												
''. ^	mount paid for provision of health care services	0												
40 .		•												
J 18. A	mount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

(Location)

NAIC Group Code876	NAIC Company Code63533
	TWITO Company CodeCococ

									NAIC Company				
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						
			-	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
-	Total	marviduai	Огоир	oupplement	Offity	Offity	Deficit Fian	Wedicare	Medicald	L033	moone	Oale	Other
Total Members at end of:													
I otal wembers at end of:													
	_												
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
0. 00014 444.0													
4. Third quarter	٥												
4. Tillo qualter	0												
5 Comentorer	^												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					\neg							
T. Triyotototi													
7. Physician	0				146	DNE							
0. Non-physician	0					T							
9. Totals	•	•	0	•	^			•		•			•
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
·													
12. Health premiums collected	0												
12. 1.04.1.													
13. Life premiums direct	0												
13. Life premiums direct	0												
44 5 44 11 11 11	•												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
, , , , , , , , , , , , , , , , , , , ,													
17. Amount paid for provision of health care services	0												
7 Tanodan paid for proviously of floatilit out o out viood													
18. Amount incurred for provision of health care services	^												
To. Amount incurred for provision of nearth care services	0					J							

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

NAIC Company Code 63533

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....876

16. Property/casualty premiums earned.

17. Amount paid for provision of health care services......18. Amount incurred for provision of health care services.

(Location)

									NAIC Company	C00e03333			
	1	Comprehensive (F	Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNI							
8. Non-physician	0				147								
9. Totals	0	0	0	0	0		0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company (Code63533			
	1	2	Hospital & Medical)	4 Medicare	5 Vision	6 Dental	7 Federal Employees Health	8 Title XVIII	9 Title XIX	10 Stop	11 Disability	12 Long-Term	13
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNE							
8. Non-physician	0				IAL	JIVL							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written													
15. Health premiums earned													
16. Property/casualty premiums earned													
Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code876									NAIC Company (ode63533			
	1	Comprehensive (h	Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNE							
8. Non-physician	0				JVL	JINL							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written													
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
Amount paid for provision of health care services	0												
Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code876									NAIC Company C	ode63533			
	1	Comprehensive (h	Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNE							
8. Non-physician	0				147	ZINL							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company (Code63533			
	1	Comprehensive (I	Hospital & Medical)	4 Medicare	5 Vision	6 Dental	7 Federal Employees Health Benefit Plan	8 Title XVIII	9 Title XIX	10 Stop	11 Disability	12 Long-Term	13
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0				NIC	DNE							
8. Non-physician	0				146	JIAL							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

(Location)

NAIC Group Code876									Code63533		
	_)	 •	-	•	-	•	•	- 10	11	40

	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0				NO	DNE							
8. Non-physician													
9. Totals		0	0	0	0	0	0	0	0	0	0	0	0
	0												
'	0												
12. Health premiums collected	0												
13. Life premiums direct													
Property/casualty premiums written Health premiums earned													
Realth premiums earned													
	0												
Amount incurred for provision of health care services													

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company (Code63533			
	1 Total	Comprehensive (I	Hospital & Medical) 3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
otal Members at end of:	Total	marviduai	Огоир	оприетен	Offiny	Offiny	Denent Fian	Wedicare	Wedicaid	L033	income	Care	Other
1. Prior year	0												
First quarter	0												
Second quarter	0												
Third quarter	0												
. Current year	0												
Current year member months	0												
tal Member Ambulatory Encounters for Year:													
. Physician	0					DNE							
. Non-physician	0				111								
. Totals	0	0	0	0	0		0	0	0	0	0	0	
Hospital patient days incurred								<u></u>					
Number of inpatient admissions													
2. Health premiums collected													
3. Life premiums direct	0												
4. Property/casualty premiums written	0												
5. Health premiums earned													
Property/casualty premiums earned Amount paid for provision of health care services	0												
Amount paid for provision of health care services Amount incurred for provision of health care services	Λ												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

(Location)

NAIC Group Code8/6									NAIC Company	Code63533			
	1	2	Hospital & Medical)	4 Medicare	5 Vision	6 Dental	7 Federal Employees Health		9 Title XIX	10 Stop	11 Disability	12 Long-Term	13
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
1. Prior year	C												
2. First quarter	C												
3. Second quarter	C												
4. Third quarter	C												
5. Current year	0												
6. Current year member months													
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNI							
8. Non-physician					147	ZINI							
9. Totals	0	0	0	0	0		0	0	0	0	0	0	
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services.													
18. Amount incurred for provision of health care service	ices0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code876									NAIC Company C	Code63533			
	1	Comprehensive (F	lospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0				NI/								
8. Non-physician	0				INC	DNI							
9. Totals	0	0	0	0	0		0	0	0	0	0	0	0
Hospital patient days incurred													-
Number of inpatient admissions													
12. Health premiums collected													
13. Life premiums direct													
The tropological promises and a second													
15. Health premiums earned													
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code876									NAIC Company (ode63533			
	1	Comprehensive (h	Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNE							
8. Non-physician	0				JYL	JINL							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
Amount paid for provision of health care services	0												
Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code876									NAIC Company (Code63533			
	1	2	Hospital & Medical)	4 Medicare	5 Vision	6 Dental	7 Federal Employees Health		9 Title XIX	10 Stop	11 Disability	12 Long-Term	13
Total Members at end of:	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year													
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician					NC	DNE							
9. Totals			0	0		0	0	0	0	Λ	0	0	
Hospital patient days incurred													
Number of inpatient admissions													
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code876									NAIC Company (Code63533			
	1	2	Hospital & Medical)	4 Medicare	5 Vision	6 Dental	7 Federal Employees Health		9 Title XIX	10 Stop	11 Disability	12 Long-Term	13
Total Members at end of:	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
1. Prior year	0												
2. First quarter	0												
Second quarter Third quarter													
Current year													
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
Physician Non-physician					N	DNE							
9. Totals		0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred													
Number of inpatient admissions. Health premiums collected													
13. Life premiums direct													
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
Property/casualty premiums earned Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

(Location)

NAIC Group Code.....876

35.NE

NAIC Group Code876									NAIC Company C	ode63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter													
5. Current year													
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:							_						
7. Physician					N	DNE							
Non-pnysician. Totals			0	0			0	0	0	0			
Totals Hospital patient days incurred						0	0	0	0	U	U	U	
Number of inpatient admissions													
12. Health premiums collected													
13. Life premiums direct	0												
14. Property/casualty premiums written													
15. Health premiums earned													
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services													
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company (Code63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DN							
8. Non-physician	0				146								
9. Totals	0	0	0	0	0		0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

(Location)

NAIC Group Code876				NAIC Company	Code63533	

									NAIC Company				
	1	Comprehensive (F	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						
			-	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
	IUlai	iliuividuai	Gloup	Supplement	Offity	Offity	Delielit Flair	Medicale	Medicald	LU33	IIICOIIIC	Cale	Other
Total Members at end of:													
I otal Members at end of:													
	_												
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
	•												
4. Third quarter	0												
4. Trilla qualter	0												
5 0	•												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
· · · · · · · · · · · · · · · · · · ·													
7. Physician	0					DNE							
7. Tilyololali		•••••											
8. Non-physician	0				146	$oldsymbol{ u}$ i $oldsymbol{u}$ L							
0. Non-physician	0												
		•			•								
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
'													
12. Health premiums collected	0												
12. Floatiff promitting concolod		•••••											
13. Life premiums direct	0												
13. Life premiums direct	0												
	_												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
17. Amount paid for provision of health date services	0												
40 Assessed from the first of the although	•												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

									NAIC Company				
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						
				Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
 	Total	individual	Group	опристоп	Offiny	Only	Donoilt i laii	Modioaio	Wicalcula	L000	moomo	Outo	Othor
Total Members at end of:													
Total Members at ena of.													
1. Prior year	0												
1. Prior year													
0 5: 1													
First quarter	0												
Second quarter	0												
4. Third quarter	0												
5. Current vear	0												
6 Current year member months	0												
o. Current year member montrio													
Total Member Ambulatory Encounters for	· Vaari												
Total Member Ambulatory Encounters for	r rear:												
7 8						DNE							
7. Physician	0				N -1								
					INL	JINL							
8. Non-physician	0												
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
	-												
11 Number of innatient admissions	0												
11. Hamber of inpution admissions													
12 Health promiums collected	0												
12. Health premiums conecteu													
40 116													
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
. , , , ,													
17. Amount paid for provision of health ca	are services0												
paid for provious of floatili ou													
18. Amount incurred for provision of health	h care services0												
io. Amount incurred for provision of fleath	11 Cale 35111CE3U					<u> </u>							

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company C	Code63533			
	1		Hospital & Medical)	4	5	6	7	8	9 1	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
otal Members at end of:													
1. Prior year													
2. First quarter	0												
3. Second quarter	0												
l. Third quarter													
5. Current year	0												
6. Current year member months	0												
tal Member Ambulatory Encounters for Year:													
Physician						DNE							
3. Non-physician					147								
9. Totals		0	0	0	0	0	0	0	0	0	0	0	
Hospital patient days incurred													
Number of inpatient admissions													
2. Health premiums collected													
3. Life premiums direct													
4. Property/casualty premiums written													
5. Health premiums earned													
6. Property/casualty premiums earned													
17. Amount paid for provision of health care services													
18. Amount incurred for provision of health care services		·											

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF OREGON DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company C	ode63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year													
2. First quarter	0												
3. Second quarter	0												
4. Third quarter													
5. Current year													
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician					N	DNE							
8. Non-physician			0										
Totals Hospital patient days incurred						0	0	0	0	0	0	0	
Number of inpatient admissions													
12. Health premiums collected													
13. Life premiums direct													
14. Property/casualty premiums written													
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services													
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company C	ode63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter													
5. Current year													
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician					N(DNE							
8. Non-physician			0										
Totals Hospital patient days incurred						0	0	0	0	0	0	0	
Number of inpatient admissions													
12. Health premiums collected													
13. Life premiums direct													
14. Property/casualty premiums written													
15. Health premiums earned													
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services													
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

(Location)

NAIC Group Code876									NAIC Company	Code63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DN							
8. Non-physician	0				111								
9. Totals	0	0	0	0	0		00	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned													
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

1 Comprehensive (Hospital & Medical) 4 5 6 7 8 9 10 11 12	
	13
2 3 Federal Produce Health Title VIV.	

		1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
			2	3	Medicare	Vision	Dental	Federal Employees Health	Title XVIII	Title XIX	Stop	Disability	Long-Term	
-		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
Т	otal Members at end of:													
	1. Prior year	0												
	2. First quarter	0												
	3. Second quarter	0												
	4. Third quarter	0												
	5. Current year	0												
_	6. Current year member months	0												
Т	otal Member Ambulatory Encounters for Year:													
35 TX	7. Physician	0				NC	DNE							
×	8. Non-physician	0				170	/ITL							
	9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
	10. Hospital patient days incurred	0												
	11. Number of inpatient admissions	0												
	12. Health premiums collected	0												
	13. Life premiums direct	0												
	14. Property/casualty premiums written	0												
	15. Health premiums earned	0												
	16. Property/casualty premiums earned	0												
	17. Amount paid for provision of health care services	0												
	18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF UTAH DURING THE YEAR

(Location)

NA	C Group Code876				NAIC Company	Code63533	

									TVAIC Company				
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						
				Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
 	TUlai	IIIuIVIuuai	Group	Supplement	Offig	Offity	Dellelli Flati	ivieuicale	Medicalu	LUSS	IIICOITIE	Cale	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0					DNE							
8. Non-physician	0				147	JINL							
9. Totals.	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected	0												
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Group Code876									NAIC Company C	ode63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0				NO	DNE							
8. Non-physician	0				111								
9. Totals				0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected													
13. Life premiums direct	0												
14. Property/casualty premiums written													
15. Health premiums earned													
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services													
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

(Location)

NAIC Group Code876					NAIC Company	y Code63533	
	 0 1 1 (11 11 10 10 11 11 11		•	 •	•	•	 - 10

									NAIC Company				
	1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						
				Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
	Total	marviduai	Огоир	Oupplement	Offity	Offity	Deficit Fian	Medicale	Medicald	L033	IIICOIIIC	Oale	Other
Total Members at end of:													
1. Prior year	0												
·													
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year	0												
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician	0												
7. Physician					IVI	DNE							
9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0												
11. Number of inpatient admissions	0												
12. Health premiums collected													
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

(Location)

NAIC Group Code.....876

NAIC Group Code876									NAIC Company C	ode63533			
	1		Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	0												
2. First quarter	0												
3. Second quarter	0												
4. Third quarter	0												
5. Current year													
6. Current year member months	0												
Total Member Ambulatory Encounters for Year:													
7. Physician					NO	DNE							
8. Non-physician													
Totals Hospital patient days incurred				0	0	0	0	0	0	0	0	0	
nospital patient days incurred. Number of inpatient admissions													
Health premiums collected													
13. Life premiums direct													
14. Property/casualty premiums written													
15. Health premiums earned	0												
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	0												
18. Amount incurred for provision of health care services	0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

REPORT FOR: 1. CORPORATION.....Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

2. Tampa, FL

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

(Location)

NAIC Group Code.....876

1	NAIC Group Code876									NAIC Company (Code63533			
Total Member at end of: Proc year		1	2	3		Vision		Employees Health		9 Title XIX	10 Stop	Disability	Long-Term	
1. Pror year		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Other
2 First quarter	Total Members at end of:													
3. Second quarter. 0	1. Prior year	0												
4. Third quarter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. First quarter													
5. Current year member months 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. Second quarter	0												
Current year member months	4. Third quarter	0												
Total Member Ambulatory Encounters for Year:	5. Current year	0												
7. Physician	6. Current year member months	0												
9. Totals	Total Member Ambulatory Encounters for Year:													
9. Totals	7. Physician	0												
10. Hospital patient days incurred. 0	8. Non-physician	0				11/	JIVI							
11. Number of inpatient admissions. .0	9. Totals	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of inpatient admissions. 0	10. Hospital patient days incurred													
13. Life premiums direct														
13. Life premiums direct	12. Health premiums collected													
14. Property/casualty premiums written														
15. Health premiums earned														
17. Amount paid for provision of health care services														
18. Amount incurred for provision of health care services		0												

⁽a) For health business on indiciated lines report: Number of persons insured under PPO managed care products........0 and number of persons insured under indemnity only products..........0.

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 10	
	2.2 Totals, Part 3, Column 7	
3.	Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 13	
	4.2 Totals, Part 3, Column 9.	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Total profit (loss) on sales, Part 3, Column 14	
	or rodo, ratt, ordani	
7	6.2 Totals, Part 3, Column 8	
7. o	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	
8. 9.	Book/adjusted carrying value at end of current period	
10.	Subtotal (Lines 8 plus 9).	
	Total nonadmitted amounts	
	Statement value, current period (Page 2, real estate lines, current period)	
12.	Catellion Value, content period (1 ago 2, 1our estate lines, current period)	. <u> </u>
	SCHEDULE B - VERIFICATION BETWEEN YEARS	
1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees.	_
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.		
7.	Amounts paid on account or in full during the year	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	0
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	0
	SCHEDULE BA - VERIFICATION BETWEEN YEARS	
	SCHEDULE DA - VEINI ICATION DET VILLIN TEANS	
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	0
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	_
	2.2 Additional investment made after acquisitions	0
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
	Subtotal (Lines 9 plus 10)	. 0
12.		0

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality and Matu	1 1	2	2	, , ,	5	, ,	7	<u> </u>	٥	10	11
Quality Rating per the	1 Year	Over 1 Year	Over 5 Years	Over 10 Years	Over 20	Total	Column 6 as a	Total from Column	% from Col. 7	Total	Total
NAIC Designation	or Less	Through 5 Years	Through 10 Years	Through 20 Years	Years	Current Year	% of Line 10.7	6 Prior Year	Prior Year	Publicly Traded	Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)		ŭ.	Ĭ	Ĭ							1
1.1 Class 1	603.339	2,358,152				2.961.491	99.0	8,141,491	82.6	2.961.491	
1.2 Class 2		,,				0	0.0			,,	
1.3 Class 3						0	0.0				
1.4 Class 4						0	0.0				
1.5 Class 5.						0	0.0				
1.6 Class 6.						0	0.0				
1.7 Totals.	603,339	2,358,152	0	0	0	2,961,491	99.0	8,141,491	82.6	2,961,491	0
All Other Governments, Schedules D & DA (Group 2)						2,001,401		,141,401	02.0	2,001,401	
2.1 Class 1						0	0.0				
2.2 Class 2						0	0.0				
2.3 Class 3							0.0				
2.4 Class 4							0.0				
2.5 Class 5						0	0.0				
2.6 Class 6.						0	0.0				
	^			Λ	^	0	0.0	0		^	
2.7 Totals	0	0	0	0	0	0	0.0	0		U	U
3. States, Territories and Possessions, etc., Guaranteed,											
Schedules D & DA (Group 3)						•	0.0				
3.1 Class 1						0	0.0				
3.2 Class 2						0	0.0				
3.3 Class 3						0	0.0				
3.4 Class 4						0	0.0				
3.5 Class 5						0	0.0				
3.6 Class 6						0	0.0				
3.7 Totals	0	0	0	0	0	0	0.0	0		0	0
4. Political Subdivisions of States, Territories and Possessions,											
Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1						0	0.0				
4.2 Class 2						0	0.0				
4.3 Class 3						0	0.0				
4.4 Class 4						0	0.0				
4.5 Class 5						0	0.0				
4.6 Class 6						0	0.0				
4.7 Totals	0	0	0	0	0	0	0.0	0		0	0
5. Special Revenue & Special Assessment Obligations,											
etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1						0	0.0				
5.2 Class 2						0	0.0				
5.3 Class 3						0	0.0				
5.4 Class 4						0	0.0				
5.5 Class 5						0	0.0				
5.6 Class 6.						0	0.0				
5.7 Totals	0	n	0	0	0	0	0.0	n		n	0

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) SCHEDULE D - PART 1A - SECTION 1 (continued) Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Types of Issues and NAIC Designations

County and man	Unity Distribution (2	3	1 4	5	6 6	7	1 8	9	I 10 I 11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total from Column 6 Prior Year	% from Col. 7 Prior Year	Total Total Publicly Traded Privately Placed (a
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)										
6.1 Class 1						0	0.0			
6.2 Class 2						0	0.0			
6.3 Class 3						0	0.0			
6.4 Class 4						0	0.0			
6.5 Class 5						0	0.0			
6.6 Class 6						0	0.0			
6.7 Totals	0	0	0	0	0	0	0.0	0		0
7. Industrial & Miscellaneous (Unaffiliated),										
Schedules D & DA (Group 7)										
7.1 Class 1						30,244	1.0	1,718,307	17.4	30,244
7.2 Class 2						0	0.0			
7.3 Class 3						0	0.0			
7.4 Class 4						0	0.0			
7.5 Class 5						0	0.0			
7.6 Class 6						0	0.0			
7.7 Totals	30,244	0	0	0	0	30,244	1.0	1,718,307	17.4	30,244
8. Credit Tenant Loans, Schedules D & DA (Group 8)										
8.1 Class 1						0	0.0			
8.2 Class 2						0	0.0			
8.3 Class 3						0	0.0			
8.4 Class 4						0	0.0			
8.5 Class 5						0	0.0			
8.6 Class 6						0	0.0			
8.7 Totals	0	0	0	0	0	0	0.0	0		0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group	9)									
9.1 Class 1						0	0.0			
9.2 Class 2						0	0.0			
9.3 Class 3						0	0.0			
9.4 Class 4						0	0.0			
9.5 Class 5						0	0.0			
9.6 Class 6						0	0.0			
9.7 Totals		0	0	0	0	0	0.0	0		0

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

acant) and mate	arity Biotribution	or all Borido ou		o 1,7 tt Boote/ taje	acted Carrying v	alues by Major 1	7 p 0 0 1 10 0 0 0	2114 1 11 110 E 00191	1410110		
	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the	1 Year	Over 1 Year	Over 5 Years	Over 10 Years	Over 20	Total	Column 6 as a	Total from Column	% from Col. 7	Total	Total
NAIC Designation	or Less	Through 5 Years	Through 10 Years	Through 20 Years	Years	Current Year	% of Line 10.7	6 Prior Year	Prior Year	Publicly Traded	Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	633,583	2,358,152	0	0	0	2,991,735	100.0	XXX	XXX	2,991,735	0
10.2 Class 2	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5	0	0	0	0	0	(c)0	0.0	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	(c)0	0.0	XXX	XXX	0	0
10.7 Totals	633,583	2,358,152	0	0	0	(b)2,991,735	100.0	XXX	XXX	2,991,735	0
10.8 Line 10.7 as a % of Col. 6	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	6,453,759	3,406,039				XXX	XXX	9,859,798	100.0	9,859,798	
11.2 Class 2						XXX	XXX	0	0.0		
11.3 Class 3						XXX	XXX	0	0.0		
11.4 Class 4						XXX	XXX	0	0.0		
11.5 Class 5						XXX	XXX	(c)0	0.0		
11.6 Class 6						XXX	XXX	(c)0	0.0		
11.7 Totals	6,453,759	3,406,039	0	0	0	XXX	XXX	(b)9,859,798	100.0	9,859,798	0
11.8 Line 11.7 as a % of Col. 8	65.5	34.5	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	633,583	2,358,152				2,991,735	100.0	9,859,798	100.0	2,991,735	XXX
12.2 Class 2						0	0.0	0	0.0	0	XXX
12.0 01000 0						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	633,583	2,358,152	0	0	0	2,991,735	100.0	9,859,798	100.0	2,991,735	XXX
12.8 Line 12.7 as a % of Col. 6	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds						_					
13.1 Class 1						0	0.0	0	0.0	XXX	0
13.2 Class 2						0	0.0	0	0.0	XXX	0
13.3 Class 3						0	0.0	0	0.0	XXX	0
13.4 Class 4						0	0.0	0	0.0	XXX	0
13.5 Class 5						0	0.0	0	0.0	XXX	0
13.6 Class 6						0	0.0	0	0.0	XXX	<u> </u>
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

Includes \$......0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

Includes \$.......0 current year, \$.......0 prior year of bonds with Z designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

Includes \$.........0 current year, \$.........0 prior year of bonds with 5* designations and \$........0 current year, \$..........0 prior year of bonds with 6* designation. "5*" means the NAIC designation was assigned by the SVO in reliance on

the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

	- 1 I	2	2	1	5 1	alues By Major T	7	Q	C	10	11
	1 Year	Over 1 Year	Over 5 Years	Over 10 Years	-	Total	Column 6 as a	Tatal frame Caluman	0/ form Oal 7	Total	T-4-1
Distribution by Type	or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	% of Line 10.7	Total from Column 6 Prior Year	% from Col. 7 Prior Year	Publicly Traded	Total Privately Placed
Distribution by Type 1. U.S. Governments, Schedules D & DA (Group 1)	or Less	inrough 5 Years	Through 10 Years	inrough 20 Years	rears	Current Year	% of Line 10.7	6 Prior Year	Prior Year	Publicly Traded	Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1) 1.1 Issuer Obligations	603,339	2.358.152				2,961,491	99.0	8,141,491	82.6	2,961,491	
1.1 Issuer Obligations 1.2 Single Class Mortgage-Backed/Asset-Backed Securities	003,339	2,358,152						8,141,491	82.6	2,961,491	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	603,339	2.358.152				0 2.961.491		8,141,491	82.6	2,961,491	
1.7 Totals	003,339	2,358,152	0	0	0	2,961,491	99.0	8,141,491	82.0	2,961,491	
2. All Other Governments, Schedules D & DA (Group 2)						0	0.0				
2.1 Issuer Obligations						0	0.0				
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:						•	0.0				
2.3 Defined						0	0.0				
2.4 Other						0	0.0				
ASSET-BACKED SECURITIES:						•					
2.5 Defined						0					
						0	0.0				
	0	0	0	0	0	0	0.0	0		0	
3. States, Territories and Possessions, Guaranteed,											
Schedules D & DA (Group 3)						_					
3.1 Issuer Obligations						0	0.0				
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined						0	0.0				
3.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/											
ASSET-BACKED SECURITIES:											
3.5 Defined						0					
3.6 Other						0	0.0				
3.7 Totals	0	0	0	0	0	0	0.0	0		0	0
4. Political Subdivisions of States, Territories and Possessions,											
Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations						0	0.0				
						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined						0	0.0				
4.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/											
ASSET-BACKED SECURITIES:											
						0	0.0				
						0	0.0				
4.7 Totals	0	0	0	0	0	0	0.0	0		0	(
5. Special Revenue & Special Assessment Obligations, etc.,											<u> </u>
Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations						0	0.0				
5.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined						0	0.0				
5.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/											
ASSET-BACKED SECURITIES:											
5.5 Defined						0	0.0				
						0	0.0				
5.7 Totals	0	Λ	0	0	0	0	0.0	0		0	1

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Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
5. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)	or Less	inrough 5 Years	inrough to Years	i nrough 20 Years	rears	Current Year	% of Line 10.7	6 Prior Year	Prior Year	Publicly Traded	Privately Placed
6.1 Issuer Obligations						0	0.0				
6.1 Issuer Obligations							0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:							0.0				
6.3 Defined						0	0.0				
6.4 Other							0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:							0.0				
6.5 Defined						0	0.0				
6.6 Other						0	0.0				
6.7 Totals	0	0	0	0	0	0	0.0	0		0	
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	30.244					30.244	1.0	1,718,307	17.4	30.244	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined						0	0.0				
7.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/											
ASSET-BACKED SECURITIES:											
7.5 Defined						0	0.0				
7.6 Other						0	0.0				
7.7 Totals	30,244	0	0	0	0	30,244	1.0	1,718,307	17.4	30,244	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations						0	0.0				
8.7 Totals	0	0	0	0	0	0	0.0	0		0	
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations						0	0.0				
9.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined						0	0.0				
9.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5 Defined						0	0.0				
9.6 Other						0	0.0				
9.7 Totals	0	0	0	0	0	0	0.0	0		0	

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Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Watai	ity Distribution (or All Dorido OW	ilea December (usica carrying v	raiues by iviajor i	ypc and cubtyp	0 01 100000			
	1	2	3	4	5	6	7	8	9	10	11
	1 Year	Over 1 Year	Over 5 Years	Over 10 Years	Over 20	Total	Column 6 as a	Total from Column	% from Col. 7	Total	Total
Distribution by Type	or Less	Through 5 Years	Through 10 Years	Through 20 Years	Years	Current Year	% of Line 10.7	6 Prior Year	Prior Year	Publicly Traded	Privately Placed
10. Total Bonds Current Year	01 2000	Through o Touro	Through to Touro	THIOUGH 20 TOUR	10010	ourront rour	70 OI EIIIO 10.1	o i noi i oui	11101 1001	r abiloly rradou	1 iivatoly i lacca
10.1 Issuer Obligations	633,583	2.358.152	0	0	0	2.991.735	100.0	XXX	XXX	2,991,735	0
10.2 Cingle Class Martages Backed/Asset Backed Cognition	0	2,000,102		Λ		2,331,733	0.0	XXX	XXX	2,331,733	
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	0	0	0	0	0	0	0.0			0	
		•	•	0				100/	XXX		
10.3 Defined	0	0	0	0	0	0	0.0	XXX		0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/											
ASSET-BACKED SECURITIES:											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	633,583	2,358,152	0	0		2,991,735	100.0	XXX	XXX	2,991,735	0
10.8 Line 10.7 as a % of Col. 6	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	6,453,759	3,406,039				XXX	XXX	9,859,798	100.0	9,859,798	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						XXX	XXX	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX	XXX	0	0.0		
11.4 Other						XXX	XXX	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/											
ASSET-BACKED SECURITIES:											
11.5 Defined						XXX	XXX	0	0.0		
11.6 Other						XXX	XXX	0	0.0		
11.7 Totals.	6,453,759	3,406,039	0	0	0	XXX	XXX	9,859,798	100.0	9,859,798	0
11.8 Line 11.7 as a % of Col. 8	65.5	34.5	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds								100.0		100.0	
12.1 Issuer Obligations	633,583	2,358,152				2.991.735	100.0	9,859,798	100.0	2,991,735	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities		2,000,102				2,331,733	0.0	0	0.0	2,331,733	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:								0	0.0		
12.3 Defined						<u> </u>	0.0	0	0.0	0	XXX
							0.0	0	0.0		XXX
12.4 Other						0	0.0	0	0.0	0	
ASSET-BACKED SECURITIES:											
									0.0		V/V/
						0	0.0	0	0.0	0	XXX
12.6 Other	633,583	0.000.450	^			0.004.705	0.0	0.000.700	0.0	0.004.705	XXX
12.7 Totals		2,358,152	0	0	10	2,991,735	100.0	9,859,798	100.0	2,991,735	XXX
12.8 Line 12.7 as a % of Col. 6	21.2	78.8	0.0	0.0		100.0		XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	21.2	78.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds										2007	_
13.1 Issuer Obligations						0	0.0	J0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:						_		_		\0.0.c	_
13.3 Defined						[0.0	J0	0.0	XXX	J0
13.4 Other						J0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/								1			
ASSET-BACKED SECURITIES:											
13.5 Defined						0		0	0.0	XXX	0
13.6 Other						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0		0.0		XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) **SCHEDULE DA - PART 2**

Verification of SHORT-TERM INVESTMENTS Between Years

10	Ication of SHORT-TERM INVI	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year	5,679,112	5,679,112			
Cost of short-term investments acquired	8,916,762	8,916,762			
Increase (decrease) by adjustment	3,700	3,700			
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	14,569,329	14,569,329			
7. Book/adjusted carrying value, current year	30,245	30,245	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	30,245	30,245	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	30,245	30,245	0	0	0
12. Income collected during year	21,302	21,302			
13. Income earned during year	16,060	16,060			

⁽a) Indicate the category of such assets, for example, joint ventures, transportation equipment:.....

Sch. DB-Pt.A-Verification Between Years NONE

Sch. DB-Pt.B-Verification Between Years NONE

Sch. DB-Pt.C-Verification Between Years NONE

Sch. DB-Pt.D-Verification Between Years NONE

Sch. DB-Pt.E-Verification NONE

Sch. DB-Pt. F-Sn. 1 NONE

Sch. DB-Pt. F-Sn. 2 NONE

Sch. S-Pt. 1-Sn. 2 NONE

> Sch. S-Pt. 2 NONE

Sch. S-Pt. 3-Sn. 2 NONE

> Sch. S-Pt. 4 NONE

45, 46, 47, 48, 49, 50, 51, 52

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		oo Omittea)	0	2	4	r
		1 2003	2 2002	3 2001	4 2000	5 1999
		2003	2002	2001	2000	1999
A.	OPERATIONS ITEMS					
1.	Premiums		179	265	236	151
2.	Title XVIII - Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses		(71)	67	(11)	27
В.	BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable		12	83	15	27
8.	Reinsurance recoverable on paid losses					
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)					
13.	Letters of credit (L)					
14.	Trust agreements (T)					
15.	Other (O)					

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	Restatement of Balance Sheet to Iden	1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)			, , , , , , ,
2.	Accident and health premiums due and unpaid (Line 12)			
3.	Amounts recoverable from reinsurers (Line 13.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	101,595		101,595
6.	Totals assets (Line 26)	7,373,430	0	7,373,430
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)			0
8.	Accrued medical incentive pool and bonus payments (Line 2)			0
9.	Premiums received in advance (Line 8)			0
10.	Reinsurance in unauthorized companies (Line 18)			0
11.	All other liabilities (balance)	11,395		11,395
12.	Total liabilities (Line 22)	11,395	0	11,395
13.	Total capital and surplus (Line 30)	7,362,035	XXX	7,362,035
14.	Total liabilities, capital and surplus (Line 31)	7,373,430	0	7,373,430
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payables/offsets	0		
25.	Total net credit for ceded reinsurance	0		

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America) SCHEDULE Y (Continued)

DART 2 -	SLIMMARY OF INCLIDER'S	S TRANSACTIONS WITH ANY AFFILIATES
FARIZ-	· JUIVIIVIANT UF INJUNEN S	STRANSACTIONS WITH ANT AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)				Any Other		Reinsurance
					Purchases, Sales	Incurred in				Material Activity		Recoverable/
					or Exchanges of	Connection with	Management	Income/		Not in the		(Payable) on
					Loans, Securities,	Guarantees or	Agreements	(Disbursements)		Ordinary		Losses and/or
NAIC	Federal	Names of Insurers			Real Estate,	Undertakings	and	Incurred under		Course of the		Reserve Credit
Company	ID	and Parent, Subsidiaries	Shareholder	Capital	Mortgage Loans or	for the Benefit	Service	Reinsurance		Insurer's		Taken/
Code	Number	or Affiliates	Dividends	Contributions	Other Investments	of any Affiliate(s)	Contracts	Agreements	*	Business	Totals	(Liability)
		Of Allillates	Dividends	Continuations	Other investments	of ally Allillate(s)	Contracts	Agreements		Dusiliess	างเสเร	(Liability)
Affiliated Transac	ctions											
83470	71-0226428	Arkansas Blue Cross and Blue Shield					(9,606,246)	(14,233,831)			(23,840,077)	(7,658,178)
	71-0525643	Educational Benefits, Inc	(178,261)				(211,783)				(390,044)	
	71-0628367	Group Service Underwriters, Inc	, , , ,				(1,093,431)				(1,093,431)	
63533		First Pyramid Life Insurance Company					1,082,976				1.082.976	
95442		HMO Partners. Inc.	(373.755)				10,327,692	13.354.943			23.308.880	6.697.572
	71-0246079	USAble Corp.	777.543								777.543	
	71-0505232	USAble Life	(225,527)				(1,078,085)	878.888			(424.724)	960.606
		Select Data Services	(223,321)				578,877	070,000			578.877	
	Control Totals	Ocioci Dala Oci vices	Λ	Λ	Λ	Λ		Λ	VVV	Λ		0
9999999.	Control rotals		0	0	0	0	0	0	$\wedge \wedge \wedge$	0	0	0

Statement as of December 31, 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSES
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March	1? Yes
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed with this statement by March 1?	Yes
4. Will the Risk-Based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	Yes
6. Will the SVO Compliance Certification be filed by March 1?	Yes
7. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
8. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
APRIL FILING	
9. Will Management's Discussion and Analysis be filed by April 1?	Yes
10. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	Yes
11. Will the Investment Risk Interrogatories be filed by April 1?	Yes
JUNE FILING	
12. Will an audited financial report be filed by June 1 with the state of domicile?	Yes

EXPLANATIONS:

BAR CODE:

Overflow Page (Portrait) NONE

Overflow Page (Landscape)
NONE



FOR THE STATE OF.....Alaska

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Alabama

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Arkansas

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address......
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....American Samoa

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF......Arizona

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	3
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2000			Policies Issued in	2001, 2002 & 2003	}
									N()N	11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF......California

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Colorado

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	3
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".

FOR THE STATE OF.....Connecticut

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	1
										11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF......District of Columbia

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".

Title.....



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Delaware

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

Telephone Number.....

NAIC Company Code.....63533

1	2	3	4	5	6	7	8	9	NON		Policies Issue	d Through 2000			Policies Issued in	2001, 2002 & 2003	3
									NON	11	Incurre	d Claims	14	15	Incurre	d Claims	18
		Standardized							14014		12	13			16	17	1
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF......Florida

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address......
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Georgia

NAIC Company Code.....63533

Telephone Number.....

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF......Guam

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	3
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF......Hawaii

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....lowa

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Idaho

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF......Illinois

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2000			Policies Issued in	2001, 2002 & 2003	}
									N()N	11	Incurred	d Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address......
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Indiana

NAIC Company Code.....63533

Telephone Number.....

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF......Kansas

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address......
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Kentucky

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Louisiana

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF......Massachusetts

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Maryland

NAIC Company Code.....63533

Telephone Number.....

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in 2	2001, 2002 & 2003	
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Maine

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Michigan

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63533

Telephone Number.....

Person Completin Title.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Minnesota

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Missouri

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									N()N	1 1	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized							14014		12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Mississippi

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Montana

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF......North Carolina

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF......North Dakota

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	3
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Nebraska

NAIC Company Code.....63533

Telephone Number.....

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....New Hampshire

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....New Jersey

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....New Mexico

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Nevada

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
									NON	11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized							14014		12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....New York

NAIC Company Code.....63533

Telephone Number.....

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Ohio

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address......

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Oklahoma

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Oregon

NAIC Company Code.....63533

Telephone Number.....

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Pennsylvania

NAIC Company Code.....63533

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

Telephone Number.....

Title.....

NAIC Group Code.....876

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Puerto Rico

NAIC Company Code.....63533

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Rhode Island

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
									NON	11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized							14014		12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address......
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....South Carolina

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....South Dakota

NAIC Company Code.....63533

Address (City, State and Zip Code)..... Person Completing This Exhibit.....

NAIC Group Code.....876

Title.....

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2000			Policies Issued in	2001, 2002 & 2003	}
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".

FOR THE STATE OF.....Tennessee

NAIC Company Code.....63533

Telephone Number.....

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Texas

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
									NON	11	Incurred	l Claims	14	15	Incurred	d Claims	18
		Standardized							14014		12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Utah

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2000			Policies Issued in	2001, 2002 & 2003	3
									NON	11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Virginia

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2000			Policies Issued in	2001, 2002 & 2003	
									NON	11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address......

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....U.S. Virgin Islands

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2000			Policies Issued in	2001, 2002 & 2003	
									NON	11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF.....Vermont

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".

FOR THE STATE OF.....Washington

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	}
									NON	11	Incurred	l Claims	14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address.....

2.2 Contact person and phone number.....

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....

4. Explain any policies identified as policy type "O".



FOR THE STATE OF......Wisconsin

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	Through 2000			Policies Issued in	2001, 2002 & 2003	
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
- 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....West Virginia

NAIC Group Code.....876 Address (City, State and Zip Code)..... Person Completing This Exhibit..... Title..... NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9			Policies Issued	d Through 2000			Policies Issued in	2001, 2002 & 2003	3
									N()N	11	Incurred Claims		14	15	Incurre	d Claims	18
		Standardized									12	13			16	17	
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".

NONE



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Wyoming

NAIC Group Code.....876
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....63533

Telephone Number.....

1	2	3	4	5	6	7	8	9		Policies Issued Through 2000					Policies Issued in 2001, 2002 & 2003				
										11 Incurred Claims		Incurred Claims		Incurred Claims		15	Incurre	d Claims	18
		Standardized									12	13			16	17			
	Policy	Medicare				Date	Date					Percent of	Number of			Percent of	Number of		
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered		
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives		

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details.....
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address.....
- 3.2 Contact person and phone number.....
- 4. Explain any policies identified as policy type "O".

NONE



LIFE SUPPLEMENTS TO BE FILL OF BEFREMENT 1

For the Year Ended December 31, 2003

ıerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company

ADDRESSTampa FL 33607

NAIC Group Code.....876

NAIC Company Code.....63533

Employer's ID Number.....71-0655804

Ex. 5-Aggregate Reserve for Life Contracts NONE

Ex. 5-Interrogatories NONE

Ex. 7-Deposit-Type Contracts NONE

Sch. S-Pt. 1-Sn. 1 NONE

Sch. S-Pt. 3-Sn. 1 NONE DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....876

NAIC Company Code.....63533

LIFE INSURANCE

			MICL			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	marviduai)	Group	maama	Total
1	Life insurance					1
1. 2	Annuity considerations.					Λ
3.	Deposit-type contract funds					
3. 4.	Other considerations					
4.	Totals (Sum of Lines 1 to 4)					
Э.	DIRECT DIVIDENDS TO POLICYHOLDERS	0	0	0	0	0
	Life insurance:					
C 4						
6.1 6.2	Paid in cash or left on deposit					0
	Applied to pay renewal premiums					U
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	or premium-paying period		Y 0	0	0	0
7.1	Paid in cash or left on deposit					0
7.1	Applied to provide paid-up annuities.					0
7.3	Other					0
7.3	Totals (Sum of Lines 7.1 to 7.3)				0	•
8.	Grand Totals (Lines 6.5 + 7.4)		Λ			0
0.	DIRECT CLAIMS AND BENEFITS PAID	0		0	0	0
9.	Death benefits					0
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	Λ	Λ	0	0	
	All other benefits, except accident and health					
	Totals				Λ	
10.	Totals					0
4004			S OF WRITE-INS	 		I ^
1301.]0
1302.						0
1303.			-			0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0]0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	00	0	0	J0

	(Ordinary		Credit Life and Individual)		Group	In	dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
			No. of Ind.		NI C					
	No.	Amount	Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND	INU.	Amount	Certiis.	Amount	Geruis.	Amount	INO.	AIIIOUIIL	INU.	Amount
MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year							l	l	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year										
(Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$........0 current year \$.......0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.......0 current year \$......0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.......0 current year \$.......0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid Or	Direct	
	Direct	Direct Premiums	Credited on Direct	Losses	Direct Losses
	Premiums	Earned	Business	Paid	Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)		N			
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)			0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6)	0	0	0	0	0

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

Supplement for the year 2003 of the Imerica Life and H	ealth Insurance Company (formerly The First Pyramid Life Insurance Overflow Page for Write-Ins	Э



PROPERTY/CASUALTY SUPPLEMENTS



For the Year Ended December 31, 2003

ıerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company

ADDRESSTampa FL 33607

NAIC Group Code.....876

NAIC Company Code.....63533

Employer's ID Number.....71-0655804

Sch. F-Pt. 1 NONE

Sch. F-Pt. 3 NONE

Sch. P-Pt. 1-Summary NONE

Sch. P-Pt. 1A NONE

Sch. P-Pt. 1B NONE

Sch. P-Pt. 1C NONE

Sch. P-Pt. 1D NONE

Sch. P-Pt. 1E NONE

Sch. P-Pt. 1F-Sn. 1 NONE

Sch. P-Pt. 1F-Sn. 2 NONE

> Sch. P-Pt. 1G NONE

Sch. P-Pt. 1H-Sn. 1 NONE

Sch. P-Pt. 1H-Sn. 2 NONE

> Sch. P-Pt. 1I NONE

Sch. P-Pt. 1J NONE

Sch. P-Pt. 1K NONE

Sch. P-Pt. 1L NONE

Sch. P-Pt. 1M NONE

Sch. P-Pt. 1N NONE

Sch. P-Pt. 10 NONE Sch. P-Pt. 1P NONE

Sch. P-Pt. 1R-Sn. 1 NONE

Sch. P-Pt. 1R-Sn. 2 NONE

> Sch. P-Pt. 1S NONE

Sch. P-Pt. 2-Summary NONE

Sch. P-Pt. 2A NONE

Sch. P-Pt. 2B NONE

Sch. P-Pt. 2C NONE

Sch. P-Pt. 2D NONE

Sch. P-Pt. 2E NONE

Sch. P-Pt. 2F-Sn. 1 NONE

Sch. P-Pt. 2F-Sn. 2 NONE

> Sch. P-Pt. 2G NONE

Sch. P-Pt. 2H-Sn. 1 NONE

Sch. P-Pt. 2H-Sn. 2 NONE

> Sch. P-Pt. 2I NONE

Sch. P-Pt. 2J NONE

Sch. P-Pt. 2K NONE

Sch. P-Pt. 2L NONE

Sch. P-Pt. 2M NONE

PS22, PS23, PS24, PS25, PS26, PS27, PS28, PS29

Sch. P-Pt. 2N NONE

Sch. P-Pt. 20 NONE

Sch. P-Pt. 2P NONE

Sch. P-Pt. 2R-Sn. 1 NONE

Sch. P-Pt. 2R-Sn. 2 NONE

> Sch. P-Pt. 2S NONE

Supplement for the year 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code.....876 NAIC Company Code....63533

BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code876 NAIC Company Code63533			BUSINESS	IN GRAND TO	TAL DURING	ITETEAK						
	Membership Fees, L	ncluding Policy and ess Return Premiums		4	5	6	7	8	9	10	11	12
	and Premiums on 1 Direct Premiums	Policies not Taken 2 Direct Premiums	Dividends Paid or Credited to Policyholders on	Direct Unearned	Direct Losses Paid	Direct Losses	Direct Losses	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Commissions and Brokerage	Taxes, Licenses and
Line of Business	Written	Earned	Direct Business	Premium Reserves	(deducting salvage)	Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	Fees
1. Fire												
2.2 Multiple peril crop												
Federal flood. 3. Farmowners multiple peril												
Farmowners multiple peril Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine.												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A&H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)					NO							
15.6 All other A & H (b)						\						
15.7 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business	0	0	Λ	0	0	n	n	0	n	0	n	n
34. TOTALS (a)	0	0	0	0	0	n	0	0	0	0	0	n
5 · · · · · · · · · · · · · · · · · · ·				•	ILS OF WRITE-INS							
3301												
3302.												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page.		0	0	0	0	0	0	0	0	0	0	0
3399. TOTALS (Lines 3301 thru 3303 plus 3398) (Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$.........0.

(b) For health business on indiciated lines report: Number of persons insured under PPO managed care products.......0 and number of persons insured under indemnity only products.......0.

Supplement for the year 2003 of the Imerica Life and Health Insurance Company (formerly The First Pyramid Life Insurance Company of America)

Overflow Page for Write-Ins